

Name  
in  
Full

William Thomas Bailey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Morgantown* *St. Marys* County

Date of death *1909* *April* *12* *68* *11* *5* Days

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Justice of Peace* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Rosa Guy Bailey*

Father's Name *Noah Bailey* Father's Birthplace *Md.*

Mother's Maiden Name *Nancy Shufcliff* Mother's Birthplace *Md.*

Name of person giving information *Rosa Guy Bailey* How related to deceased *Wife*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Organic disease of Heart* How long *6 Minutes*

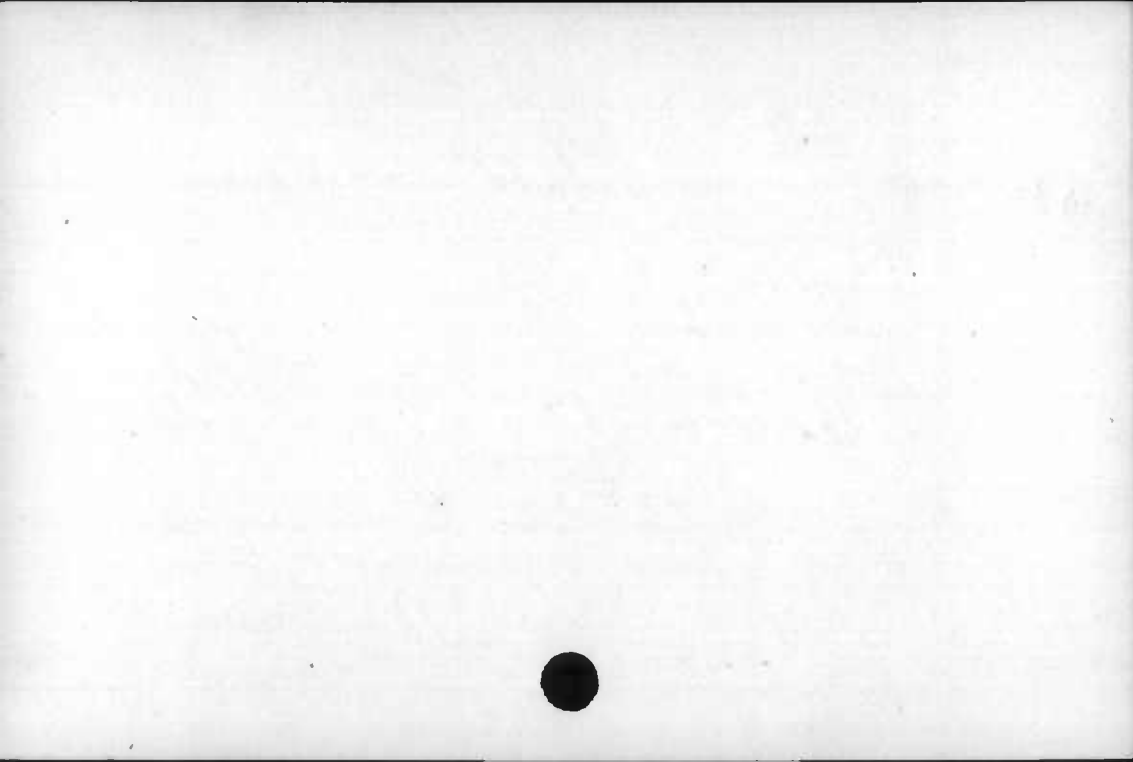
Immediate *Angina Pectoris* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *R. B. Johnson*

Address *Morgantown*

Accident or Suicide?



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CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Ignatius Thomas Hult</i>		Town <i>Morganza</i>		County <i>St. Mary's</i>		MARYLAND	
Died at <i>Morganza</i>		Month <i>April</i>		Day <i>10</i>		Years <i>73</i>	
Date of death <i>1909</i>		Months <i>10</i>		Days <i>10</i>		Age <i>73</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>md.</i>			
Occupation <i>laborer</i>		Where Residing if not at place of death <i>md.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Nace Hult</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Betsy Hult</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>George Hult</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

120

Primary <i>Chronic Nephritis</i>	How long <i>4 years -</i>
Immediate <i>dropsy</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. B. Johnson</i>
	Address <i>Morganza -</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER



Name  
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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

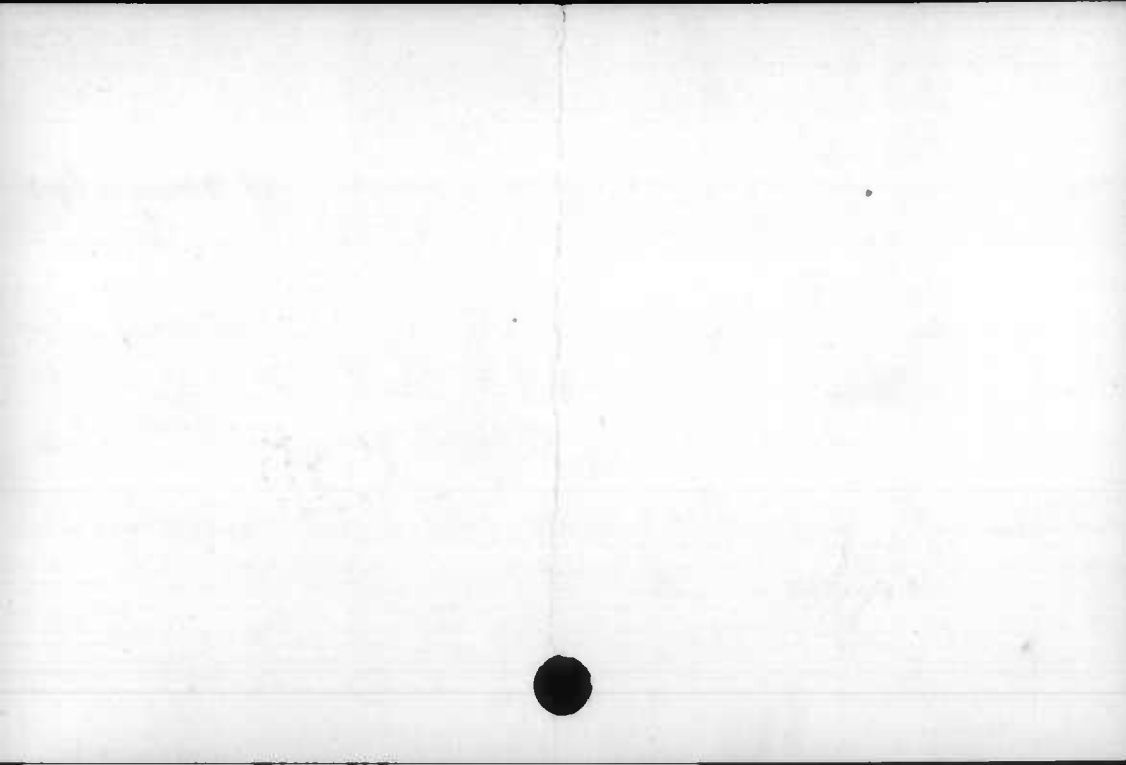
Died at <u>Pearsons</u> <sup>Town</sup>		<u>St-Marys</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1909</u>	Month <u>Apr -</u>	Day <u>5th</u>	Years <u>45</u>	Months <u>  </u> Days <u>  </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth place <u>St Marys Co.</u>		
Occupation <u>laborer</u>	Where Residing if not at place of death <u>St-Marys Co.</u>				
Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband <u>James Oscar James</u>			
Father's Name <u>William H James</u>		Father's Birthplace <u>St Marys Co.</u>			
Mother's Maiden Name <u>Mary B. Turner</u>		Mother's Birthplace <u>St Marys Co.</u>			
Name of person giving information <u>John W. James</u>		How related to deceased <u>Brother</u>			

## CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary <u>Heart Failure</u>	How long <u>Died suddenly</u>
Immediate <u>  </u>	How long <u>  </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes -</u>	Signature of Physician <u>Henry Richardson M.D.</u>
	Address <u>East Mills, Maryland.</u>
Accident or Suicide? <u>  </u>	



Name  
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Amin E Loken

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

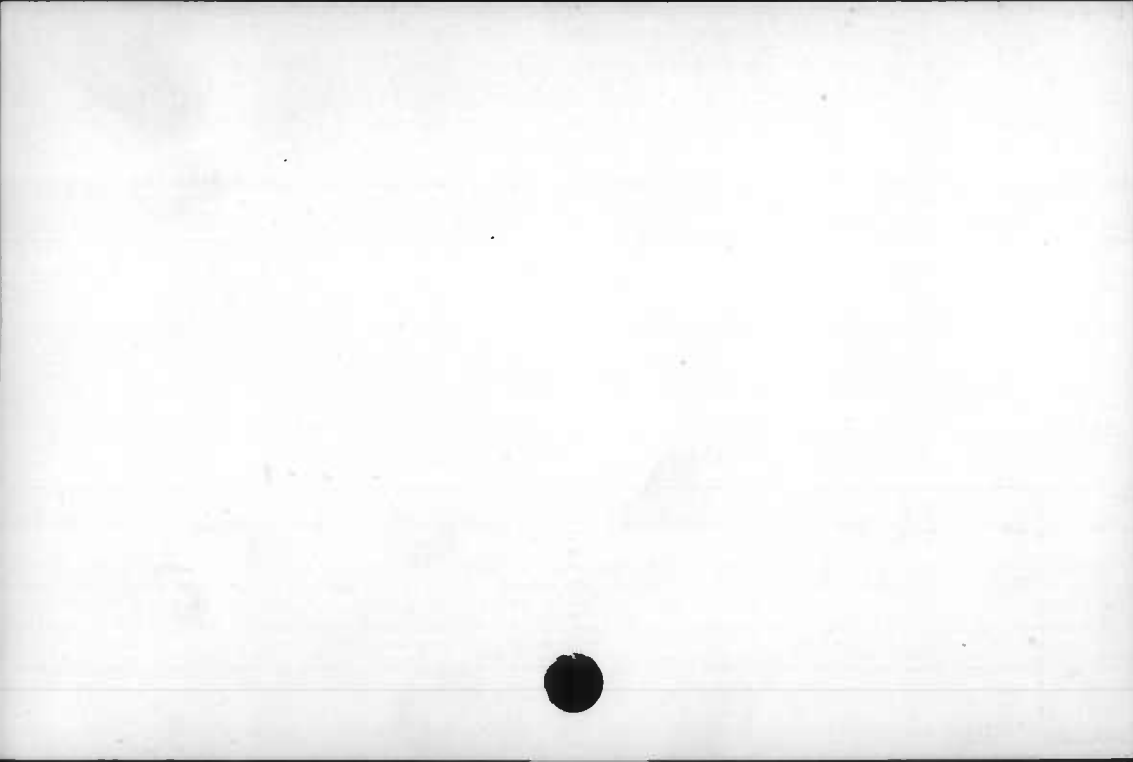
Died at <b>Leonardtown</b> <small>Town</small>		<b>St Marys</b> <small>County</small>		<b>MARYLAND</b>	
Date of death <b>1909</b>	<b>April</b> <small>Month</small>	<b>10</b> <small>Day</small>	<b>45</b> <small>Years</small>	<b>Months</b>	<b>Days</b>
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>St Marys</b>	
Occupation <b>—</b>		Where Residing if not at place of death			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>			
Father's Name <b>Am A Loken</b>		Father's Birthplace <b>St Marys</b>			
Mother's Maiden Name <b>Jeanne E Loken</b>		Mother's Birthplace <b>" " "</b>			
Name of person giving information <b>Miss Lucy Spaulding</b>		How related to deceased <b>Sister</b>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <b>Pulmonary Tuberculosis</b>	How long <b>One year</b>
Immediate <b>Chorea</b>	How long <b>Five days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Thos Loken</b>
	Address <b>Leonardtown</b>
Accident or Suicide?	





Name  
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Unnamed Infant. Morgan  
 Clements Sh. Marys

## CERTIFICATE OF DEATH

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NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Apr	20				15
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
John Morgan				Md			
Mother's Maiden Name				Mother's Birthplace			
Mary Morgan				Md			
Name of person giving information				How related to deceased			
John Morgan				Father			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary		How long	
Icterus Neonatorum form			
Immediate		How long	
Congenital absence of hepatic duct.		12 days -	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		L. B. Johnson -	
		Address	
		Morganza -	
Accident or Suicide?			

